				Complete if Known	
Substitute for form 1449/PTO				Application Number	10/029,929
(Revised 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Filing Date	12/31/2001
				First Named Inventor	Bysted et al.
			DSURE	Group Art Unit	2616
				Examiner Name	Christine Y. Ng
Sheet	1	of	1	Attorney Docket Number	042933/305222

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear

Examiner Initials	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	English Language Translation Attached
	1	WO 01/69952	09/20/2001			Abstract
	2	WO 01/99313	12/27/2001			Yes

		OTHER DOCUMENTS	
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached
			T

Evaminer	Date
Cionetino	Considered
Signature	Constant

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609.
Draw line through citation if not in conformance and not considered. Include copy of this form with next
communication to applicant.